Page 1 of 2

|  |  |
| --- | --- |
| **TRAVEL EXPENSE ACCOUNT**BA-12 (3/97)The statement on the reverse side must be completely filled in by the payee prior tosignature. Receipts must be attached as required by travel regulations. | DATE OF CLAIM |
| DEPARTMENT |
| NAME OF OFFICER OR EMPLOYEE | DIVISION |
| ADDRESS | SECTION |
| CITY | FOR PERIOD |
| Expense Summary |
| **Automobile:** | **Lump-Sum Allowance** | **$** | **$** |
| **Per Mile Cost:** |  **mi. @ 0.70** | **$** |
|  **mi. @ 0.70** | **$** |
| **Subsistence:** | **Lodging** | **$** | **$** |
| **Meals (SEE PPM 49 FOR RECEIPTS REQUIRED** **FOR SPECIAL AND HIGH COST AREA MEALS)** | **$** |
| **Tolls and Parking** |  | **$** |
| **Tips (excluding daily incidental)** |  | **$** |
| **Other Expenses** |  | **$** |
| **Less: Travel Advance** |  | **$** |
| **Total Reimbursable Costs** |  | **$** |

# Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have

been paid by the State; and that the full amount is justly due.

|  |  |  |
| --- | --- | --- |
| SIGNED BY PAYEE | TITLE OR POSITION | OFFICIAL DOMICILE |

# Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

|  |  |  |
| --- | --- | --- |
| NAME | SIGNED BY: | TITLE |

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost Center** | **GL Account** | **Fund** | **Order#** | **Grant #** | **WBS Element** | **Functional Area** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Page 2 of 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **HOUR****(SPECIFY AM/PM)** | **TERRITORY TRAVELED****SHOW ALL POINTS VISITED** | **ODOMETER READING** | **MILES****TRAV.** | **SUBSISTENCE** | **TOLLS AND PARK.** | **TIPS** | **OTHER EXPENSES** |
| **LODGING** | **MEALS** |
| **NO.** | **COST** |
| **DEP.** | **ARR.** | **DEPART** | **ARRIVE** | **DESCRIPTION** | **COST** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **TOTALS** |  |  |  | **$** |  | **$** | **$** | **$** |  | **$** |